1. Committee Information		<b>建</b>		
a. Full Name			c. ID Number	
HAN C. CARVE	6			
b. Mailing Address (include City, State and Zip Code	2)		d. Date Filed	
	-			
520 Edwards St.				
Ruffexford for, N		_	e. Phone Number	
V 0 1 1	2813	9		
2. Report Year 3. Period Start Date (mm/dd	/yy) 4. Period I	End Date (mm/dd/yy)	5. Treasurer Full Name	
2014 6/13/14	8/21	e(14 /		
6. Type of Committee (Check One)	9. Type of Rep	The second secon	type of report from one category)	
✓ Candidate Campaign Party	Municipal	State/County	Referendum	
PAC Referendum	Organizationa	AND THE PROPERTY OF THE PROPER	The state of the s	
Independent Expenditure  Joint Fundraiser	Thirty-five da	y Quarterly Firs		
Legal Expense Fund	Pre-election	Sec.		
7. Type of Fund (if applicable, check one)	Pre-runoff	This		
Booster Fund	Semi-annual	☐ Fou	rth Special	
Building Fund	☐ Mid Yea	nr Semi-anr	ual	
	Year En	d 🔲 Mid	Year 10. Special Report Na	me
Other:	Final	☐ Yea	r End	
8. Number of Fundraisers this Report	Special	Final		
		Special Special		
11. Account Information		11. Account Inform	mation	
a. Financial Institution Full Name		a. Financial Institution	Full Name	
SECU				
b. Purpose c. Account Co	ode	b. Purpose	c. Account Code	
(1. 12 76 )				
Campaign d. Period Bee	10000 000 000 000 000 000			
u.r crou zeg	in Balance		d. Period Begin Balance	
\$ O			\$	
CERTIFICATION				
I certify that the Committee or Fund is in compl	iance with all app	licable provisions of A	rticle 22A, 22B & 22D-22M of Chapter	163
of the NC General Statutes and that no funds are				this
report is complete, true and correct and that I ha	ve been trained by	the NC State Board of		
Alan C, CARVED	6	$\mathcal{I}$	8/26/14	
Printed Name of Signer		gnature of Appointed Trea		-
FOR OFFICE USE ONLY	- 31	gnature of Appointed Trea	isulei / Date	
$\nabla \Omega U G$		$\sim$	Delivery Method	
Date Received:	Emplo	yee:	— Normal Mail	
l D. D. I.I.	F1.	20000	Registered Mail	
Date Postmarked:	_ Emplo	yee:	<ul> <li>Hand Delivered</li> </ul>	
Date Scanned:	Emplo	yee:	Electronically Filed	
Date Data Entered:	Emplo	yee:	<ul> <li>Signer has not received mandatory training</li> </ul>	İ
Please Note: This form cannot be used	to amend comm	nittee information su		er.
assistant treasurer, co				-,
You must amend the Statemen				

## Detailed Summary Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

Committee Full Name (and Fund if applicable) 2. Type of		Report	3. ID Number		
Alan C. CARVER	okg	•			
Start of Election Cycle: January 1, 2014		Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		s O	\$		
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$		
6) Contributions from Individuals	(CRO-1210)	\$ 2,065.68	\$ 2,065.68		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$	S		
9) Loan Proceeds	(CRO-1410)	\$	\$		
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$		
11) Other Receipt Sources			· 网络沙女女母等		
11a) Interest on Bank Accounts	(CRO-1250)	S	\$		
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$		
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 2,065.69	\$ 3,065.68		
<u>EXPENDITURES</u>					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 1,807.50	\$ 1,807.50		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$		
15) Loan Repayments	(CRO-1420)	S	\$		
16) Refunds/Reimbursements from the Committee	(CRO-1320)	S	\$		
17) In-Kind Contributions	(CRO-1510)	\$ 65,68	\$ 65,68		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 1,873,18			
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	otract line 18)	\$ 192.50	\$ 192,50		
ADDITIONAL INFORMATION	Tipe .				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	STATE OF THE PARTY		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	S	MERAL THE STREET, AND ASSESSED.		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	A SANS AND DESCRIPTION OF THE PARTY OF THE P		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$			
24) Account Transfers Within the Committee	(CRO-1720)	\$	CHARLES OF BUILDING		
25) Administrative Support	(CRO-1710)	\$	\$		
26) Forgiven Loans	(CRO-1440)	\$	\$		
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	S		
28) Contributions to be Refunded	(CRO-1215)	\$	\$		

Cont	ributions fr	om Individua	ls	Pg	of		Amendment  Yes No
		ndividual contributio		ontributions und		RO 1	
		ne (and Fund if appl	icable)			2. I	D Number
	1AN C	177-10	ER				
	ributor Informa				nove		
	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. Co	omments
(includ	e city, state, & zip)	1 . /= 1		educat	se_		
ATIA	~	ARVER ds St in, NC 2813		c. Employer's Nar		1	
520	> Educas	ds St					
Cut.	Zex (coedfo	My NC and	2.6	Icc	_	e. El	ection Sum to Date
		20/2	5~			\$	2,065.68
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	yy)	k. Amount
			filing +	ee	6/13/1A		\$5.00
		TRANSTER TRANSTER			6/13/14		s 5000.00
		TRANSTER			8/26/14	-	\$ 5000.00
3. Cont	ributor Informa	ation		Add 🔲 Rei	nove		
A VICTOR OF VINAS	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. C	omments
	e city, state, & zip)						
AT	An <-	CARVER	-	c. Employer's Nar	ne/Specific Field	1	
	- 21			c. zp.o, c. o	респистин		
1						e. El	ection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	yy)	k. Amount
			NAME To	tag	6/19/1	4	\$10,68
			Fost ball	ad	8/3/14		\$ 50,00
					1		\$
3. Cont	ributor Informa	ation		Add Rei	nove		
	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. C	omments
(includ	e city, state, & zip)						
				c. Employer's Nar	ne/Specific Field		
l						o 171	ection Sum to Date
						\$	ection Sum to Date
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	yy)	k. Amount
			•				s
							S
							\$
4. Tota	al only this P	age				\$	
		RO-1210 Pages				¢.	2 215 12
		of Detailed Summary P	age CRO-1100)			3	2,065.60
CRO-12	210		NC State Boa	rd of Elections			April 2007

		1		Amendm	ent
Disbursements	Pg		of	Yes	☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	coordinated party ex								
1. Committee F	1. Committee Full Name (and Fund if applicable) 2. ID Number								
AlAz	C. CARV								
3. Type of Disb					ach type of Disb	ursement.)			
Operating Expe		tributions to Candida	tes/Polition			dinated Party Expenditures			
4. Payee Inform				Add 🔲	Remove				
a. Full Name, M	ailing Address & Pho	one		b. Coordinate	ed Committee Name	d. Comments			
(include city, state,	Tons of Bloa			-					
PROMOT	TONI R"	15		c. Level Regis	stered (Specify)				
721 5	The BALL	di IN		Federal	County:				
101 70	my h who	way		State	Municipal	lity: e. Election Sum to Date			
PORST	aly, NC	28043				\$ 1687.50			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks			
	check	A	7/	9/14	\$ 92.73	capos			
	Chock	A	8/2	6/14	\$ 1,594,77	Signil			
4. Payee Inforn	nation		H	Add $\square$	Remove	3/9/2			
	ing Address & Phone				ed Committee Name	d. Comments			
(include city, sta	The particular statement of the statement of the			b. coordinate	eu committee rume	ui comments			
Fa-1 6		201							
LASTA	When food tigh DRIV.	Coster (	tub	c. Level Regis	stered (Specify)				
EAST 1	High Deiv.	2		Federal	County:				
Est	- FINC			State	Municipal Municipal	lity: e. Election Sum to Date			
1 opers	ر المراب	-28043				\$ 60,00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	9	k. Required Remarks			
	Check	1	7/2	8/14	\$ 60.00	tostall and			
			7	,	\$				
4. Payee Inforn	l nation		П	Add $\square$	Remove				
	ing Address & Phone				ed Committee Name	d. Comments			
(include city, star									
Chare	H121 5ch	~1							
rage	11192 29a	OFC		c. Level Regi	stered (Specify)				
Foloct	Coti NC			Federal	County:				
1023)	171	25/143		State	Municipal Municipal	lity: e. Election Sum to Date			
		28043	<u> </u>	Ė		\$ 50,00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks			
	chock	1	7/-	26/1	\$ 50,00	forthell al			
	creek	7	1/0	7/19	12.2	1001000			
			/	1	\$				
5. Total only th	is Page					\$			
6. Total of ALI	CRO-1310 Pages			9-10-41 S. C.		31,797.50			
(This line goes in	line 13a of Detailed Sun	mary Page CRO-11	00 if Ope	erating Expense	es)	(\$168750			
(This line goes in	line 13b of Detailed Sun	mary Page CRO-11	00 if Con	trib to Candid	ates/Political Comm)	110.00			
(This line goes in	line 13c of Detailed Sum	mary Page CRO-11	00 if Coo	rdinated Party	Expenditures)	0			
	odes (List detailed								
A* - Media	B* - Printii			undraising		Another Candidate			
E - Salaries	F* - Equip			litical Party		olding Public Office Expenses			
I - Postage	J - Penaltio	es	K* - C	office Expen	ises Q* - Do	onation to Legal Expense Fund			
O* Other  * Codes requir	e detailed explanati	on in required -	omosl-	field (la)					
Coucs requir	e actanea explanati	on mircydiicu i	CHICAL IN	ALCIU (IL)					

T	•			
Dis	DITE	CON	nn	to
$\nu$ 15	vui	SCII	1611	LO

	_			Amendment	
Pg	2	of	2_	☐ Yes	☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee F	ull Name (and Fund	d if applicable)	7,171		rae J	materia.	12	2. ID Number
AlAn	C. CA	EVER						
3. Type of Disb		use separate CR	0-1310	) forms for $\epsilon$	ach	type of Disb	ursen	nent.)
Operating Exp		tributions to Candida	tes/Politi	cal Committees			rdinate	d Party Expenditures
4. Payee Inform				Add $\square$		nove		
	lailing Address & Ph	one		b. Coordinate	ed Co	mmittee Name	e d	d. Comments
(include city, state,	& zip)		No.	-				
SEC	u reforações			c. Level Regi	stered	(Specify) County:		
Ruth	REARAS	· · MC		State		Municipa	lity: e	e. Election Sum to Date
, ,,	44:11	28	139					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)		nount	k. Rec	quired Remarks
	deat t	0	8	3/14	\$ 9	8.00	5/2	oppayment tee
	dAAF+	0	8%	3/14	\$ :	2.00	KA	k too
4. Payee Inform	nation	the Sharet State	<u></u>	Add $\square$	Ren	nove	P/1	
	ing Address & Phone					mmittee Name	. 16	d. Comments
(include city, sta								
***	• • • • • • • • • • • • • • • • • • • •							
				c. Level Regi	stered	l (Specify)		
				Federal		County:		
				L State		Municipa	lity: e	e. Election Sum to Date
								\$
f. Account Code	g. Form of Payment	h. Purpose Code	. Data	(mm/dd/yyyy)	l	nount	lr Do	quired Remarks
i. Account Code	g. Form of Fayment	n. I di pose Code	i. Date	(min/da/yyyy)		nount	K. Ket	quireu Kemarks
					\$			
					\$			
4. Payee Inform	nation	3370		Add	Ren	nove	NT 615	
	ing Address & Phone			b. Coordinat	ed Co	mmittee Name	2 0	d. Comments
(include city, sta	te, & zip)							
				c. Level Regi	stered			
				Federal		County:		EL C. C. A.D.A.
				State		■ Municipa	uity: C	e. Election Sum to Date
								\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	i. An	nount	k. Rec	quired Remarks
	B	- Committee (1 to 1 t		( , , , , , , , , , , , , , , , , , , ,	\$			• 1/2000
			-		100		-	
					\$			
5. Total only th	is Page							\$ 10,00
6. Total of ALI	CRO-1310 Pages	(21)					-	
	line 13a of Detailed Sun	nmary Page CRO-11	00 if Op	erating Expens	es)			\$ 18x7 =.
(This line goes in	line 13b of Detailed Sun	nmary Page CRO-11	00 if Co	ntrib to Candid	ates/P	Political Comm	)	\$ 1,807.50
(This line goes in	line 13c of Detailed Sun	nmary Page CRO-11	00 if Cod	ordinated Party	Expe	nditures)		
7. Purpose C	odes (List detailed	expenditure code	e in (h.)	above)				
A* - Media	B* - Printi			undraising		<b>D</b> - To	Anoth	ner Candidate
E - Salaries	F* - Equip			litical Party				g Public Office Expenses
I - Postage	<b>J</b> - Penalti	es	K* - (	Office Expen	ises	Q* - De	onatio	on to Legal Expense Fund
O* Other				- C-11 (1)				
* Codes requir	e detailed explanat	on in required i	emark	s field (k)	15.77	F-12		Market Market State (1988)

In-Kind Contributions		Pg of _		Yes No
Use this form to report non-monetary contributions, donations, go Use CRO-1215 if In-Kind Contributions were or will be ref			ittee o	or fund.
1. Committee Full Name (and Fund if applicable)	randed within	of the second	2. I	D Number
ATAN C. CARVER				
3. Contributor Information	Add	Remove		
a. Full Name, Mailing Address & Phone		Contributor	c. C	omments
(include city, state, & zip)	Indivi			
Alan C. CARVER	Party PAC			
326 Edwards 3/		endum	d. E	lection Sum to Date
(include city, state, & zip)  Alan C. CARVER  520 Edwards St.  Ruther for Iton, NC 28139	Other	Receipt Source	\$	
e. Description		f. Date (mm/dd/y	ууу)	g. Fair Market Amount
tiling fee		6/13/14	-	\$ 5.00
NAme tag		6/19/14	<b>F</b>	\$ 10.68
-Butball ad		8/3/1	<del>J</del>	\$ 50,00
		Remove		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of	Contributor	c. C	omments
(include city, state, & zip)	Candi			
	Party			
	☐ PAC	2000		300 200 200 200 300 200 300
		endum Receipt Source		lection Sum to Date
		Receipt Bource	\$	
e. Description		f. Date (mm/dd/y	ууу)	g. Fair Market Amount
				\$
				\$
				\$
3. Contributor Information	Add	Remove		
a. Full Name, Mailing Address & Phone	b. Type of Indivi	Contributor	c. C	omments
(include city, state, & zip)	Candi			
	Party			
	PAC		1.7	Election Sum to Date
	_	endum Receipt Source	1	Aection Sum to Date
			\$	
e. Description		f. Date (mm/dd/y	ууу)	g. Fair Market Amount
				\$
				\$
				\$
4. Total only this Page			\$	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	65.68

(This line must be on line 17 of Detailed Summary Page CRO-1100)

Amendment